

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for date of service 3-21-02.
- b. The request was received on 4-18-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. EOB, Reaudit dated 4-9-02
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-26-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 7-1-02. The response from the insurance carrier was received in the Division on 7-12-02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
3. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 4-3-02.  
"Our records show that upon verification of benefits, our staff was informed by your staff that prior authorization was not necessary...We extended treatment in good faith based on the expectation of payment. State Courts have held that insurers are liable for misrepresentations made during coverage verification..."
2. Respondent: The response was not timely and consequently not eligible for review.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 3-21-02.
2. The carrier has denied the disputed service as reflected on the EOB as "A – PREAUTHORIZATION REQUIRED BUT NOT REQUESTED";

Reaudit dated 4-9-02, "Preauthorization was not obtained as required by TWCC Rule 134.600."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
3-21-02	72148-WP-22	\$1,600.00	\$-0-	A	\$924.00	TWCC Rule 134.600 (h) (8); CPT Descriptor	<p>Carrier has denied the disputed service as "A".</p> <p>Pursuant to TWCC Rule 134.600, "unless otherwise specified, repeat individual diagnostic study, with a fee established in the current Medical Fee Guideline of greater than \$350 or documentation of procedure(DOP). (Diagnostic study is defined as any test used to help establish or exclude the presence of disease/injury in symptomatic persons..."</p> <p>There was no documentation noted in the dispute packet to support that the MRI performed was a repeat test. Therefore, no preauthorization was required.</p> <p>Reimbursement is recommended in the amount of <b>\$924.00</b>.</p>
<b>Totals</b>		\$1,600.00	\$-0-				The Requestor is entitled to reimbursement in the amount of <b>\$924.00</b> .

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$924.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 20<sup>th</sup> day of September 2002.

Lesia Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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